

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024057

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3623

Registrar's No.

197

FILED JUL 15 1963

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Clinton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 224 N. Wash. St. His home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 224 N. Washington
3. NAME OF DECEASED (Type or print) First AMROSE Middle BIRTRUS Last CHRISMAN		4. DATE OF DEATH Month July Day 11 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/17/1880
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months 4 Days 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bldg. Contractor		10b. KIND OF BUSINESS OR INDUSTRY Nebraska	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Henry Chrisman		13b. MOTHER'S MAIDEN NAME Pauline Budenberg	14. NAME OF HUSBAND OR WIFE Josephine Chrisman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish American		16. SOCIAL SECURITY NO. Clinton, Mo.	
17. INFORMANT Mrs. A. B. Chrisman, 224 N. Wash. St.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Acute Myocardial infarction Chronic Myocarditis Interval between onset and death 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10/3/46 a.m. 7/11/63 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Clinton, Mo.	
21. I attended the deceased from Death occurred at 7/11/63 to 7/15/63 and last saw him alive on 7/15/63		22a. SIGNATURE S. B. Hughes (Degree or title) MO	
22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 7/12/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 13, 1963	23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	
23d. LOCATION (City, town, or county) Clinton, Missouri		25. DATE RECD. BY LOCAL REG. July 12-1963	
24. FUNERAL DIRECTOR Vansant Funeral Home, Clinton, Mo.		26. REGISTRAR'S SIGNATURE Mildred Begum	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

700250-028

JUL 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

H. A. Vanant

Licensed Embalmer No. 3779

P. O. Address

Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

28-40
28-40

0-1-1-8

0-6

Permit Obtained 7-12-63

(M.B.)